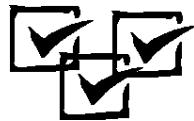




Office of the Attorney General  
Department of Law and Public Safety



NJ Division  
of Elections

# NVRA Voter Registration & Supplies

## Request Form

To: **NJ Division of Elections**  
**PO Box 304**  
**Trenton, NJ 08625-0304**

From: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Subject:** Request for NJ Voter Registration and NVRA Forms:

Please provide the following to me at the above delivery address:

NJ Voter Registration Form -                          Quantity: \_\_\_\_\_

NVRA Voter Opportunity Forms -                          Quantity: \_\_\_\_\_

NVRA Voter Registration Opportunity Posters -    Quantity: \_\_\_\_\_

Fax or Mail to:

**NJ Division of Elections**

PO Box 304

Trenton, NJ 08625-0304

Tele: (609) 292-3760

**Fax: (609) 777-1280**



This confirms that the above noted supplies have been forwarded to you as requested.

NJ Division of Elections \_\_\_\_\_

Date \_\_\_\_\_

**For NJ Division of Elections Use Only**